

INFORMED CONSENT

Patient Name: _____ **File:** _____ **Date:** _____

As a patient in my office, you have the right to know the type of treatment we will possibly use, any complications/side-effects, as well as alternatives to chiropractic care and their complications. This form is intended to inform you of these and treatment cannot be given until you understand these issues and sign this form. If you have any questions after reading this form, please ask me.

The primary treatment used by doctors of chiropractic is the **spinal adjustment** to reduce spinal fixations (abnormal joint motion where it lacks full motion). I will use that procedure to treat you as well as use other common secondary treatments such as physical therapies and modalities.

- **The nature of the chiropractic adjustment:** I will use my hands upon your spine in such a way as to move your spinal joints to restore normal joint motion. This procedure may cause an audible “pop” or “click” similar to what you feel when you pop your knuckles. You may feel movement of the joint, and this usually gives you a very pleasant sense of relief. If a traditional spinal adjustment is inappropriate for your condition, there are other non-forceful types of spinal adjustments that may be used. If, from previous experiences, you prefer non-traditional types of spinal adjustments, please inform the staff beforehand.
- **The material risks inherent in a chiropractic adjustment:** Such as fractures, disc injuries, dislocations, muscle strain, Horner’s syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral sprains and separations. Some patients will feel some stiffness or soreness following the first few days of treatment, which is considered normal as the body adjusts to the new motion:
- **The risks:**
 - Fractures, especially of the ribs, are rare occurrences and generally result from some underlying weakness of the bone such as osteoporosis. If you suffer from osteoporosis, we will take special efforts to either not adjust your spine or take precautions to prevent any adverse reaction.
 - Some types of manipulation of the neck have been associated with other injuries to the arteries in the neck leading to a stroke in rare instances.
 - Disc injuries are frequently and successfully treated by chiropractic adjustments, yet occasionally chiropractic treatment may aggravate the problem and rarely epidural injections and/ or surgery may become necessary if symptoms are not improved within 4 weeks. If need be, we will refer you to another doctor or for an MRI exam.
- **Ancillary treatments:** In addition to chiropractic adjustments, I may use the following treatments if necessary to control your pain or to stabilize your spinal weakness:
 - **Ice or hot packs:** We may use both heat and ice packs. Both may irritate or burn your skin if used more than 20 to 30 minutes without a layer of clothing between your skin and the ice/heat pack. Ice can decrease your pain/ inflammation and heat can relax your muscles.
 - **Electro-therapy:** This modality consists of a mild electrical current to muscles and nerves to relax constricted muscles, to block pain impulses, to reduce swelling and to facilitate healing in muscles, nerves and ligaments. There is a risk of blistering due to the electric current as well.
 - **Targeted Frequency Discs:** This modality consists of the application of an adhesive disc on the skin that has been programmed with a specific frequency to reduce inflammation, reduce pain, facilitate muscle tissue growth and repair, increase range of motion. There is a risk of skin irritation from the adhesive used to apply the discs.

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Alternative Medical Treatments & Risks: Other treatments are available for your condition include:

- **Self-administered over-the-counter NSAIDs** may cause gastro-intestinal problems, but also are considered generally safe if used less than 7- 10 days and can in most instances decrease inflammation and decrease your pain.
- **Prescription muscle relaxants and pain-killers** can produce undesirable side effects and dependence. They can also make you quite drowsy and impair your motor skills. But, for short periods of time can be very useful in subsiding your muscle spasms and decrease pain.
- **Epidural Steroid Injections** As with all invasive medical procedures, have potential risks. In addition to temporary numbness of the bowels and bladder, the most common potential risks and complications include *Infection, Dural puncture (“wet tap”)* may cause a post-dural puncture headache (also called a spinal headache), *Bleeding, or Nerve damage.* These injections can also be beneficial in reducing your symptoms, allowing you to treat the cause of your condition.
- **Hospitalization and bed rest** bears the risk of loss of muscle tone and strength. Research has shown bed rest may in fact, worsen your condition.
- **Back or Neck Surgery** have many risks from infections to recurrence of disc problems or scar tissue formation and possible death. But, in some cases surgery is appropriate and necessary to allow you to function normally day to day.
- **The Risks and Dangers to Remaining Untreated:**
 - Remaining untreated allows for the possibility of the formation of adhesions and reduced joint motion which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult and less effective the longer it is postponed. Disc degeneration, joint arthritis, nerve damage, muscular weakness and/or an increase of spinal distortions may progress if your spinal problem goes untreated.
 - There is always the possibility that your symptoms will resolve without any treatment as well.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

I have read or have had read to me the above explanation of the chiropractic care and related treatments. I have discussed any concerns I have with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the health plan recommended. Having been informed of the nature and risks of chiropractic care, I hereby give my consent to be treated.

Name: _____ Date: _____

Signature: _____

Signature of Parent or Guardian, If needed: _____

Witness: Dr. L. Jon Porman Signature: _____